



Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

	CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
FOR		NUMBE	R FILED	NUMBER EXTRA		RATE	FEE		RATE	FEE
BASI	C FEE				-		395.00	OR		790.00
TOTA	L CLAIMS	1	minus	20 = *	·	x\$11=		OR	x\$22=	
INDE	PENDENT CLA	ums 1	minus 3 =			x41=		OR	x82=	
MULTIPLE DEPENDENT CLAIM PRESENT						+135=	=	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL			TOTAL	190-180
-							· <u>I </u>	OR	•	·
		(Column 1)	AMENDED	- PART II (Column 2)	(Column 3)	SMA	LL ENTITY	OR		R THAN ENTITY
AMENDMENT A	*	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	x\$11=	:	OR	x\$22=	
	Independent	*	Minus	***	=	x41=		OR	x82=	
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						=	OR	+270=	
		(Column 1)	·	(Calumn 0)	(Column 3)	TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	a	(Column.2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	x\$11=	=	OR	x\$22=	
	Independent	*	Minus	***	=	x41=		OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=	=	OR	+270=	
	(Column 1) (Column 2) (Column 3)						AL E	OR	TOTAL ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	x\$11=		OR	x\$22=	
	Independent	*	Minus	***	=	x41=		OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=							OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: 2-19-98 2 Serial/Patent # 08/944829										
3 Ple	ease refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
\times	Filing		10-06-97	\$ 395,10						
/	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal		,	\$						
	Petition			\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	0ther			\$						
		7 TOTAL AMOUNT \$ 395,								
	***************************************	8 TO BE REFUNDED BY:								
10 RE	ASON:	Treasury Check								
X	Overpayment	Credit Deposit A/C #:								
	Duplicate Payment	1,04-0259								
	No Fee Due (Explanation):									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME, B. CHASE TITLE: LOSS										
SIGNATURE: B (hase PHONE: Telm 4										
office: Opplication										
THIS SPACE RESERVED FOR FINANCE USE ONLY:										
APPROVED: FUTL Sydnar DATE: 2-19-98										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B